

LD 000054231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

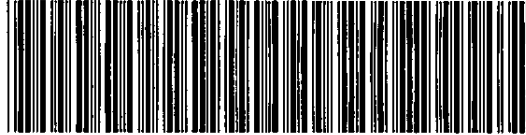
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 20 2014
C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LED Therapy, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Brooks Soule
(Name of Person)

LED Therapy, LLC
(Firm/Company)

19923 Jodi Dr.
(Address)

Lutz, FL 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Brooks Soule at (813) 239-4090
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

~\$25.00 Filing Fee and Certificate of Dissolution
+ 5.00 certified copy
30.00

| \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

LED Therapy, LLC

2. The Articles of Organization were filed on 6/4/2009 and assigned

document number L09000054231

3. The delayed effective date the dissolution if not effective on the date of filing: 3/24/2010
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Lack of Sales/Income

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Sandra Brooke Soule

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:

Sandra Brooke Soule
Signature

Sandra Brooke Soule
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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